| TTORNEY OR PARTY WITHOUT                                           | Γ ATTORNEY (NAME AND ADDRESS):                                | TELEP                   | HONE NO.:     | FOR COURT USE ONLY              |
|--------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|---------------|---------------------------------|
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
| TTORNEY FOR (NAME):                                                |                                                               |                         |               |                                 |
| SUPERIOR COURT OF                                                  | CALIFORNIA, COUNTY OF                                         |                         |               |                                 |
| STREET ADDRESS:                                                    |                                                               |                         |               |                                 |
| MAILING ADDRESS:                                                   |                                                               |                         |               |                                 |
| ITY AND ZIP CODE:                                                  |                                                               |                         |               |                                 |
| BRANCH NAME:                                                       |                                                               |                         |               |                                 |
| $\square$ estate of $\square$ gua                                  | ARDIANSHIP OF 🔲 CONSERVA                                      | TORSHIP OF (NAME):      |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    | Decede                                                        | ent 🔲 Minor 🔲 Co        | nservatee     |                                 |
| ORD                                                                | DER PRESCRIBING NOTICE (P                                     | PROBATE)                |               | CASE NUMBER:                    |
|                                                                    | _                                                             |                         |               |                                 |
| THE COURT ORDERS                                                   |                                                               |                         |               |                                 |
|                                                                    | e of hearing* on the petition for                             |                         |               |                                 |
|                                                                    | ion on account (Probate Code, §§                              |                         |               |                                 |
|                                                                    | continue decedent's business (Pi                              |                         |               |                                 |
|                                                                    | ing order confirming sale (Probate                            |                         | 9)            |                                 |
| d. 🔲 court autho                                                   | rization for medical treatment (Pro                           | obate Code, § 3201)     |               |                                 |
| e. 🔲 appointmen                                                    | nt of a limited conservator (Probate                          | e Code, § 1822)         |               |                                 |
| f. dother (spec                                                    | ify):                                                         |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
| is set for                                                         |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
| (date):                                                            | (time):                                                       | in $\square$ Dept.:     | Di Di         | v.: Room:                       |
|                                                                    |                                                               |                         |               |                                 |
| located at (address                                                | s of court):                                                  |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    | se notice of the hearing to be                                |                         |               |                                 |
| a. $\square$ served at le                                          | ast days before hearing                                       | g personally upon (nam  | e):           |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
| b. mailed at least days before hearing, in the manner prescribed b |                                                               |                         |               | y section 1200.5 of the Probate |
| Code to the                                                        | Code to the persons 🔲 listed below 🔲 listed on attachment 2b. |                         |               |                                 |
|                                                                    | NAME                                                          |                         | <b>ADDRES</b> | S                               |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
|                                                                    |                                                               |                         |               |                                 |
| c. (for limited                                                    | conservatorship only) mailed to                               | the regional center ide | entified in s | section 1827 5 of the Probate   |
| Code.                                                              | consolvatorship orny/ mailed to                               | and regional center lat | zitanou ii i  | occion 1027.0 of the Flobate    |
|                                                                    |                                                               |                         |               |                                 |
| Datoa                                                              |                                                               |                         |               | ne Superior Court               |
|                                                                    |                                                               |                         | Signature for | ollows last attachment          |

